

Crane Operator Permit

Company: _____

Employee: _____ I.D. No.: _____

is authorized to operate the following equipment:

General Industry

Part 18 Overhead and Gantry Cranes

- ☒ Top Running Overhead
☒ Gantry Single
☒ Multiple Girder Cranes
☒ Other

Operator Restrictions: _____

Date Issued: _____ Date Expires: _____

Name of Issuing Authority: _____

Crane Operator Permit

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Date Issued: _____ Date Expires: _____

Name of Issuing Authority: _____

Training Certification / Operator Permit

Employee: _____

Number: _____ Shift: _____

Date Tested: _____

Date Permit Issued: _____

Expiration Date: _____

Operator Restrictions: _____



Michigan Department of
Labor & Economic Growth
Consultation Education & Training Division

MIOSHA CET #0151B (Rev. 01-05)

EMPLOYER
FILE

Training Certification / Operator Permit

Employee: _____

Number: _____ Shift: _____

Date Tested: _____

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EMPLOYER
FILE

Note To Employer:

Equipment listed on this permit / training certification card require operator selection, training, and testing prior to issuance. Consult MIOSHA General Industry Standards Part 18 Overhead and Gantry Cranes for specific requirements.

This permit to operate a crane is valid only with the employer who issued the permit, and the permit shall be issued for a period of not more than 3 years.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, martial status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American with Disabilities Act, you may make your need known to this agency.

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Employee Requirements:

Equipment listed on this permit require a safety inspection at the start of each shift.

This permit hall be carried by an operator or be available upon request of a department representative at all times during working hours.

Consult MIOSHA General Industry standard Part 18 Overhead and Gantry Cranes for specific requirements. Report any defects immedialtely to Supervisor.

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